



Client No. 2036		Client Name OH METELS				Location 1002 OSWEGO ST UTICA, NY		Date 11/28/86			
Facility Equipment	Detox Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) CHUFF			Officer—Swing Shift (Name) De Del Vecchio			Officer—Grave Shift (Name) C. COATES, EUGENE		
Shift			Shift			Shift			Shift		
Began 800 AM-PM			Ended 400 AM-PM			Began 4 AM-PM			Ended 12 AM-PM		
Began 12 AM-PM			Ended 8 AM-PM								
Observations or actions taken			Yes			No			Explanation		
Rounds or stations missed											
Unlocked doors, gates or windows											
Unlocked vaults or safes											
Fire-smoke or hazards											
1. Extinguishers missing or defective											
2. Sprinkler system defective											
3. Fire doors or exits blocked											
4. Rubbish accumulation											
5. Motors running											
6. Lights left burning											
Injury hazards											
Visitors			<input checked="" type="checkbox"/>						SEE REMARKS		
Trespassing											
Violation of company rules											
Remarks VISUAL CH - PERIMETER OF BLDG (EC) John SAUPP came in at 12:00 P.M. (PP)											
VISUAL checks every hour, large hole on Oswego St. fence (H.D)											
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.											
1. Were you injured during this tour?			Day Shift			Swing Shift			Grave Shift		
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. Did you suffer any illness?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. Have you reported all accidents coming to your attention?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Signatures			1. chuff			1. De Del Vecchio			1. Eugene K Coates		
Signatures			2.			2.			2.		
Signatures			3.			3.			3.		

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